

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	73316	7/19/00
O.I.P.E. CLASSIFIER	EVAN	11	7/27/00
FORMALITY REVIEW	A.S.	373	8/29/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/19/00
2	✓	✓	7/19/00
3	✓	✓	7/19/00
4	✓	✓	7/19/00
5	✓	✓	7/19/00
6	✓	✓	7/19/00
7	✓	✓	7/19/00
8	✓	✓	7/19/00
9	✓	✓	7/19/00
10	✓	✓	7/19/00
11	✓	✓	7/19/00
12	✓	✓	7/19/00
13	✓	✓	7/19/00
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15	✓	✓	7/19/00
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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